Home Health Q&A
May 2, 2000

1. **Is an assessment required when a new discipline is added to an existing care plan? Yes**, request a new assessment. If the request for a new assessment meets the timeframes, and the assessment finds the recipient eligible, eligibility will be dated back to the date of the request for assessment and agencies will receive reimbursement as of the date of the request. When the assessment is not timely, i.e. requested outside the timeframe, then the service will be approved as of the date of the assessment, assuming the consumer is found eligible.

2. **Is an assessment required when adding services for a consumer receiving psychiatric medication monitoring, e.g. adding home health aide? Yes,** request an assessment. Same conditions apply as in question 1. There is no initial certification period for added services in these situations, since the existing provision of psych medication services will be considered as having constituted the initial certification.

3. **What happens at the beginning of the new state fiscal year July 1? Must all recipients be reassessed?** Any recipient with a certification period that begins after July 1, 2000 will have one initial certification period that does not require prior authorization. Prior authorization is required if services are to continue beyond this initial certification period. For example, a recipient whose current certification expires July 7, 2000 would not require prior authorization for the next 62-day certification period. If services are to continue, in this case, beyond September 7, 2000, a timely referral (5 days prior to the end of certification period) for a new assessment is required.

   Example #1: Prior authorization eligibility 1/31/00-7/31/00. Certification period 5/1-7/1,7/1-9/1. Medical eligibility lapses 7/31/00. HHA submits Start of Care (SOC) for SFY 2001 for 7/1/to9/1/00 for initial certification period of FY 2001; no prior authorization required. HHA required to make a referral to Goold 5 days before 9/1/00 for prior authorization if services are to continue and be reimbursed by Medicaid.

   Example #2: Certification period of 6/15/00 to 8/15/00. Goold prior authorized eligibility from 2/15/00 to 8/15/00. The period 8/15/00 to 10/15/00 is the initial certification period for SFY 2001. The Start of Care, received by BEAS, from the HHA, for 8/15/00 to 10/15/00, ends the previous PA completed by Goold on 8/14/00. A referral to Goold for prior authorization is required 5 days before 10/15/00 to assure payment if services are to continue and be reimbursed by Medicaid.

4. **Is a new HCFA 485 required when the payer source changes to Medicaid?** Yes, and an Admit/Discharge with new SOC that matches the start of Medicaid reimbursement, must be submitted to BEAS to assure Medicaid reimbursement.

5. **What are the requirements for documenting eligibility for Medication Administration and Monitoring for the treatment of severe and disabling mental illness? Effective June 5** agencies must use the new "DMHMRSAS Client Certification" form template provided by the Department to document Section 17 eligibility under Section 40. Completion of this form is required to receive reimbursement for Psychiatric Medication Services. This form must be submitted when requesting prior authorization for any services in addition to the Psychiatric Medication services. Someone other than the physician can complete the Section 17 verification form, but the physician must certify to its accuracy. The physician must also certify on the HCFA 485 that the recipient's medical condition prevents the safe use of outpatient services and is contraindicated for specific reasons. The reasons must be listed and the likelihood of such a bad result must be probable or definite, as opposed to possible or rarely. The form is kept by the HHA in the recipient's record. See the BEAS Website for a copy of the form.

6. When is a 485 required? Effective July 1, 2000 the Department requires submission of the 485 to the Bureau of Elder and Adult Services with all Admit/Discharge Start of Care (SOC) forms for the initial certification period.

7. Can the Department extend the transition period for implementing prior authorization and reimburse an agency for services rendered, even though the agency failed to comply with policy? The implementation of prior authorization was delayed from the effective date of November 1, 1999 to January 1, 2000 in order to give home health agencies more transition time. In recognition of the difficulty some of the larger agencies experienced in complying with the requirement, the Department will pay for services through February 29, 2000 for recipients whose services required prior authorization, who otherwise met eligibility requirements, and where the Home Health Agency did not submit a timely request. **Example #1:** Initial certification was 11/15/99 to 1/15/00. Referral for Prior Authorization (PA) required 1/10/00. PA referral received 1/13/00. Assessment completed 2/3/00 and eligibility approved 2/3/00 to 8/03/00. Eligibility dates will be revised and the Department will reimburse effective 1/16/00...

Example #2: Initial certification was 12/24/00 to 2/24/00. Referral for Prior Authorization required 2/20/00. Referral received 3/13/00. Assessment completed 3/18/00 and eligibility approved 3/18/00 to 6/18/00. Eligibility dates will be revised and the Department will reimburse 2/24/00 to 2/29/00 and will resume reimbursement beginning 3/18/00.